

CLAIMS ONLY							Application Number 9/847004		Filing Date
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1	/		/		/				
2	/		/		/				
3	/		/		/				
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50									
Total Indep	1		1		4				
Total Depend	11		10		1				
Total Claims	12		11		5				
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